

ORSETT PSYCHOLOGICAL REVIEW

No.18 - DECEMBER 2006

ISSN: 1474-0311

Orsett Psychological Services
PO Box 179
Grays
Essex
RM16 3EW

orsettpsychologicalservices@phonecoop.coop

CONTENTS

Ideas about Eating Disorders by a Sufferer
of an Eating Disorder - Part 1:
Introduction and Personality
Characteristics

Laura Peters page 3

The Human Being Theory to Understand
Extreme Behaviour

Kevin Brewer page 13

In What Ways are Music and Identity Connected?

Daniel Allsopp page 21

Ideas About Eating Disorders by a Sufferer

of an Eating Disorder - Part 1:

Introduction and Personality

Characteristics

INTRODUCTION

Eating disorders are about more than weight; they are a mental illness that has various causes, and they are more covert and complex than most people know. Since we are born we are fed, with food being a necessity for living, but this need acquires other meanings for many people: anorexics, bulimics, and over-eaters to name just a few.

Eating is more than just food intake, it plays an important role in our social interactions, it can also be used to alter emotional states, and even to influence brain function. Although it is clear that most individuals who are exposed to such risk factors (and dieting) do not develop an eating disorder, some however, do.

With this observation in mind, this is the first of three articles which will look at different factors that place some individuals at greater (or lesser) risk for the development of eating disorders. Any correlation between eating disorders and other psychological disorders as important for our understanding of the cause and effect of eating disorders will also be looked into.

I chose to undertake a literature review with a purpose of looking at eating disorders through a variety of published texts: from Internet sites, books and journals. The subject of eating disorders was chosen, as it is an area that has great importance to me personally, and is very close to my heart. I will therefore also use my own thoughts and feelings on the subject to help in my review.

I do not intend to look at the media and its role in the cause of eating disorders, as I feel this has been an over-researched, and over-rated area as a possible cause of eating disorders. My research question will instead encompass areas such as cognitive and behavioural theories and their concerns with self-schema and psychological bias, family pressures, psychosocial and psychosexual views, feminist theories, and how an individual with an eating disorder may view her own self.

I will also take a close look at how an individual's personality can be a possible basis for the development of an eating disorder, what the relationship is between eating disorders and personality disorders, and the impact they have on each other.

Previous research methodologies from published studies will be looked at in my attempt to find some major causes and effects of eating disorders. I will take into account ideas from both the qualitative and the quantitative debate, and look at which methodologies are deemed most appropriate in this field.

I will look mainly at anorexia and bulimia in females, with some attention also paid to compulsive over-eating and the obese. Although I recognise the fact that many more males are coming forward and being diagnosed as having eating disorders, the vast majority of patients are still females, and this is where the attention of most published research is still focused.

RESEARCH METHODOLOGY

The Case for Qualitative Methods to study Eating Disorders

Of all the mental disorders recognised, eating disorders have most commonly been considered to be linked to culture. Hence the "culture bound syndrome" ⁽¹⁾ description of eating disorders. It is not surprising therefore that the majority of research on eating disorders in the past few decades has in some way looked at cultural aspects with only a few using research methods such as qualitative techniques.

The qualitative approach is, however, the most adequate to approach eating disorders because such methods are more suited to real world problems. They study things in their natural setting, attempting to interpret or make sense of phenomena in terms of the meanings people bring to them.

According to Audet and d'Amboise (2001), by using qualitative methods, we can "improve our understanding of many deeply embedded phenomenon". Lincoln and Guba (1985) also supported the idea that qualitative research is the best way to explore people's unique experiences, whilst Kaplan and Maxwell (1994; cited in Myers 1997) stated that understandings from the point of view of a participant and its particular social and institutional context is lost when data are quantified. Clearly then, this method is well suited in the area of eating disorders.

One example being that of Russell's (1979) classification of eating disorder syndromes based on a series of thirty cases. This study demonstrated some of the values of good qualitative research.

On the downside, there have been some criticisms of qualitative research. The most common of which is that

the findings relate only to the limited setting in which they were obtained. But, this is not necessarily any truer of qualitative research than of quantitative. Another concern draws on the problem of observer bias.

The strength of qualitative research, however, lies in validity or closeness to the truth. Good qualitative research uses a selection of data collection methods and touches the core of what is going on rather than just skimming the surface.

The validity of these methods is improved further through using the triangulation process (ie: using a combination of research methods) and by independent analysis of the data by more than one researcher. The increasing popularity of qualitative research has arisen largely because quantitative methods provide the wrong or simply no answers to important questions in clinical care.

Problems in Researching Eating Disorders

When trying to determine or investigate what factors increase the risk of eating disorders, it is more difficult than with most other psychiatric illnesses. This is because the biological abnormalities in eating disorders (ie starvation, malnutrition and dehydration) alter the chemistry and structure of the brain in ways that influence physical functioning.

For example, a study by Keys (1950; cited in Claridge 2003), where thirty-six healthy young men took part in a period of food deprivation. In losing 75% of their baseline body weight they experienced many physical symptoms (feeling cold, lethargy, dizziness), but all the men reported the most prominent changes by far were the physical ones (irritability, lack of libido, depression, pre-occupation with thoughts and images of food) which are shown in clinical research as common to patients with eating disorders.

Thus illustrating the difficulties in trying to identify physical causes by comparing patients who are medically unstable with healthy control subjects. Their starved state rather than their true physical state may be responsible for any observed differences.

This particular study can, however, be criticised due to the fact that the participants were all men and the majority of eating disorder patients are women. Also the fact that the study required men who were sociable, physically stable and free from emotional distress. This certainly not the pre-morbid physical profile of most women who develop an eating disorder!

Types of Study Used

It has been established that longitudinal or prospective studies may provide the best data for establishing causal links. Reasons being that these studies require initial assessment of variables that are believed to be aetiologically significant, from a large number of individuals who represent the population at risk. Only after a reasonable time (years rather than weeks) are the individuals reassessed to establish how many developed the disorder, thus allowing researchers to establish which factors differentiate those with the disorder from those who remain healthy.

This method does, however, have some disadvantages. It can firstly be a costly process, and secondly, it is not always feasible to track a large number of people over such a long period of time.

The study of recovered patients who are weight-restored and symptom-free is another popular approach. The belief in this kind of study is that any characteristics that are different in the recovered patients to that of a sex and age-matched group of subjects with a history of eating disorders, must be significant in aetiology.

Although this may not be the case, as having the disorder may have affected the individual so much that even long-term recovery will not allow them to return to how they were prior to their illness.

An example of this type of study was one that compared a sample of women ten years after their hospital treatment for anorexia. Among those who had recovered there were almost no clinically significant signs of psychopathology, and they were not distinguishable from the general population (Shark et al 1994; cited in Claridge 2003).

However, we cannot conclude from this that there are no personality risk factors for anorexia, because more has happened to the patients in the ten years than simply the end of her illness. She has matured and in many cases, experienced the psychological changes that accompany the transition from adolescence to adulthood.

Another type of research design is to investigate the relationship between causes and symptoms of eating disorders (eg: weight pre-occupation) in a group of the population who are believed to be at greatest risk. The good thing about this kind of study is that results are not affected by physical symptoms of the disorder and data are quite easy to obtain. However, it is difficult to know which factors affect which.

For example, some studies have found that people who are not satisfied with their body shape have low self-esteem, but we cannot say if low self worth caused the

dislike of her body or if other factors encouraged a negative evaluation of her body which in turn led to low self-esteem.

Another concern over studies of patients with eating disorders is that many researchers do not consider the contrast of patients with bulimia. That is they do not distinguish patients who have had bulimia and anorexia from patients who have had only one or other of the disorders.

As can be seen from the above evidence, the majority of methods used to study the aetiology of eating disorders are in some way inconsistent. However, outcomes can be more convincing if many studies are used and all come up with a consistent outcome; only then can we be fairly confident in drawing valid conclusions from the evidence.

PERSONALITY AND EATING DISORDERS

In today's society with the focus on looking good, it is easy to understand why strong associations form in the minds of young women between achieving a thin body shape and gaining social approval.

If these social pressures, and unrealistic high standards for trying to achieve goals, are coupled with certain personality characteristics, this can form a lethal combination for the onset of an eating disorder.

Most people with eating disorders tend to share the same, or similar, personality traits. These may include low self-esteem, dependency, and problems with self-direction. In general, those with Anorexia Nervosa (AN) (2) can be characterised as quiet, introvert, constricted, obsessional, and compulsive. Those with Bulimia Nervosa (BN) (3) are possibly more likely to be characterised as relatively more social, impulsive, and emotionally unstable.

Research addressing personality features related to eating disorders has found some support for these descriptions. For example, Williams et al (1990; cited in Rogers and Petrie 2001) found patients with eating disorders reported more self-directed hostility, more external locus of control, less assertiveness, and less family encouragement of independence than individuals in non-dieting control groups.

Researchers have attempted to determine specific personality/behavioural characteristics that might put people at higher risk of developing an eating disorder:

- Avoidant personalities: mostly seen in AN, such people

are generally high functioning, persistent, and perfectionists;

- Dependent personalities: mostly seen in AN, this group is usually over-controlled and withdrawn;
- Borderline and histrionic personalities: mostly seen in BN, such individuals are emotionally uncontrolled and impulsive;
- Narcissism: in both AN and BN.

When people with three or more of these personality traits begin a strict diet, they run the risk of transforming the diet into a way of increasing their self-esteem and their self concept so that it appears to be easier to control their weight than to control other life aspects. But, in this sense, they will develop an eating disorder.

As many as a third of AN restrictor patients ⁽⁴⁾ have been found to have avoidant personalities (www.reutershealth.com). This can be characterised by the following:

- Being a perfectionist;
- Being emotionally and sexually inhibited;
- Having less of a fantasy life than people with BN or those without any eating disorder;
- Not being rebellious, or usually perceived as always "being good";
- Being terrified of being ridiculed, criticised, or humiliated in any way.

There may also be a strong belief by the individual that there are only two ways to exist; perfect and best, or at the bottom and being a failure, black and white, with no inbetween.

Perfectionism and Anxiety

Among eating disorder patients, the trait of perfectionism can be extremely common. This itself can be distinguished in two ways, positive or negative. On one hand, for example, perfectionism can describe a set of characteristics that are highly sociably desirable, and appear to contribute to healthy psychological functioning. Striving high tends to be associated with

personal satisfaction and feelings of achievement, therefore resulting in feelings of high self-esteem. This may be linked to the idea that people with AN are "too good to be true".

On the other hand, however, perfectionism can be seen as the tendency to set impossibly high personal standards, whilst at the same time experiencing an intense need to avoid failure.

A number of studies have found a significantly higher degree of perfectionism in patients with AN compared to healthy age matched women (eg: Bastiani et al 1995; Short et al 1995; both cited in Claridge 2003). The most noticeable feature in these patients was the need to avoid mistakes and parental criticism, and doubt about whether they have done the right thing.

The fact that perfectionism persists for at least a year after anorexics have recovered suggests proof that it is not simply a side effect of anorexia, but a personality trait which can put people at risk for developing the disorder.

Many eating disorder patients have also been recognised as having high levels of anxiety traits. For example, they can be very sensitive to rejection or disapproval, very prone to stress, and have a tendency to worry about anything and everything. These traits (as in perfection) do not lessen with weight restoration, or with interruption from other symptoms such as bingeing and over-exercising, suggesting they too play a causal role in the development of eating disorders.

A key characteristic of the socially anxious is the sensitivity to criticism or disapproval, a factor that is noticeably worse during adolescence when peer acceptance is also of great importance. During this time, many socially sensitive young women will begin to diet as a way of enhancing physical appearance in an attempt to gain popularity.

Personality Disorders and Eating Disorders

The most commonly found personality disorder ⁽⁵⁾ among eating disorder patients is Borderline Personality Disorder (BPD). Individuals with eating disorders are very similar to those with BPD in their unsuccessful attempts to individuate. The common characteristics of BPD include:

- Unstable moods, thought patterns, behaviour and self-images;
- Using temper tantrums, suicide threats, or other emotional weapons;

- Extreme fear of being abandoned;
- Being unable to be alone;
- Being prone to idolise other people.

The BPD individual also has a lower threshold to social factors, such as frustrating stimuli. Sometimes resulting in impulsive aggressive behaviour. This impulsive aggression is then reflected in their behaviour, such as through binge eating. Research into the links between BPD and eating disorders have found differences depending whether the subjects were anorexic or bulimic.

One study by Johnson et al (1989) found that out of ninety-four patients seeking treatment for eating disorders, 25% met the criteria for BPD. These patients reported a greater drive for thinness, more body dissatisfaction, and greater difficulty in identifying inner feelings and states. All factors which are contributory to an eating disorder. Another experiment by Herzog et al (1992) confirmed these reports.

Although not as much research has been done into the personality types and traits of obese patients, Bjorvell (1985) did however find them to have higher than average amounts of anxiety, muscular tension, and impulsiveness, and to be lower than average on socialisation. These people are likely to have an inability to learn from experience, and have a tendency to act on the spur of the moment. Bjorvell suggests that this is an explanation to why the obese have many attempts at losing weight but all results in relapses.

People with impulsiveness syndrome may also react to stress with a craving for immediate satisfaction (Striegel-Moore et al 1986). This may be because of an earlier learning process brought about in childhood. For example, if a parent provided the child with food whenever he or she was dissatisfied, they were ultimately being taught that eating is a response to feelings of dissatisfaction.

One personality disorder, which encompasses many of the previous traits (anxiety, perfectionism, impulsiveness), is Obsessive Compulsive Personality Disorder, or Obsessive Compulsive Disorder (OCD). Similarities between this and an eating disorder include things such as patients having intrusive, fearful thoughts, or a compulsive need to perform and maintain rituals. A common problem that relates the two conditions is the difficulty or inability to delay or inhibit repetitive behaviours. These ritualised, compulsive behaviours are carried out to reduce anxiety.

Some people will have compulsive and impulsive features, thus leading to the inability to make decisions. They will also delay any gratification for

themselves if by doing so will lead to a better long term outcome (ie: denying themselves their pleasure of food so they will stay thin in the future).

One idea which has been offered is that AN is a modern day version of OCD (Holden 1990; cited in Claridge 2003). For example, many patients with AN are exceptionally fearful of eating. Food for them can be seen as the equivalent of more conventional obsessions found in OCD, such as the fear of germs or dirt. Burning calories is therefore compared to the extreme washing and cleaning rituals. In each case, both rituals are carried out as a way of reducing anxiety.

In previous generations children were taught about the role of cleanliness to stop the spread of disease, yet today, education is more focussed on overeating and lack of exercise. The fear of infection in previous generations has become a fear of fatness in contemporary society.

Another factor, which plays a vital role in both OCD and eating disorders, is control. Many patients attempt to control unwanted thoughts, images, feelings, and emotions (eg: anxiety). The individual may see control as something non-existent in many parts of her life, she may feel that she has no control over anything: for example, what people think of her, her job, exams, social life, money; virtually any aspect of her life. She therefore blames and uses her body for everything, and tries to control that instead. By controlling their eating disorder, patients are asserting at least some kind of control over their lives.

FOOTNOTES

1. In DSM-IV (APA 1994), culture bound syndromes are defined as "recurrent locality-specific patterns of aberrant behaviour and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category" (p844).
2. The key diagnostic criteria for AN in DSM-IV (APA 1994) are refusal to maintain minimally normal body weight, and intense fear of gaining weight despite being underweight.
3. The key diagnostic criteria for BN in DSM-IV (APA 1994) are recurrent episodes of binge eating, and recurrent inappropriate compensatory behaviour to avoid weight gain (eg: self induced vomiting or laxative misuse).
4. DSM-IV (APA 1994) distinguishes between types of AN:

restricting (with no binge-purge cycle) and binge eating/purging type.

5. Personality disorders are defined in DSM-IV-TR (APA 2000) as "enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts" (p685).

REFERENCES

APA (1994) Diagnostic and Statistical Manual for Mental Disorders (4th ed) (DSM-IV), Washington DC: American Psychiatric Association

APA (2000) Diagnostic and Statistical Manual for Mental Disorders (4th ed - text revision) (DSM-IV-TR), Washington DC: American Psychiatric Association

Audet, J & d'Ambroise, G (2001) The multi-site study: An innovative research methodology, The Qualitative Report, 6, 2

Bjorvell (1985) cited at www.web4health.info

Claridge, G (2003) Personality and Psychological Disorders, New York: Arnold

Herzog et al (1992) cited at www.vanderbilt.edu

Johnson et al (1989) cited at www.vanderbilt.edu

Lincoln, Y.S & Guba, E.G (1985) Naturalistic Inquiry, Beverly Hills, CA: Sage

Myers, M.D (1997) Qualitative research in information systems, MIS Quarterly, June, 241-242

Rogers, L & Petrie, T.A (2001) Psychological correlates of anorexia and bulimia symptomatology, Journal of Counselling and Development, 79, 2, 178-187

Russell, G.F.M (1979) Bulimia nervosa: An ominous variant of anorexia nervosa, Psychological Medicine, 9, 429-448

Striegel-Moore et al (1986) cited at www.web4health.info

Laura Peters

Article written April 2005

The Human Being Theory to Understand Extreme Behaviour

Affolter (2005) pointed out that the "twentieth century will not only be remembered for its extraordinary scientific achievements, but also for the horrendous mass killings, genocide and politicide it has witnessed" (p76). For example, between 1955 and 1968 (a supposed peaceful period), thirty such episodes have been officially recognised (Hariff et al 1999 quoted in Affolter 2005).

The reasons why individuals will do extreme acts of violence (like terrorism, genocide, or "ethnic cleansing") in certain situations depends upon a number of factors. In Brewer (2003), I proposed that there are different group of factors (individual, group, social) which set the general level of aggression, and then disinhibition and environmental triggers explain the actual specific behaviour.

Here I want to concentrate upon two disinhibition factors which are key in situations of extreme violence - dehumanisation and legitimisation.

DEHUMANISATION

This is the process by which the victim/enemy/other are constructed as less than human.

Zimbardo (1993) distinguished three types of dehumanisation:

i) Socially imposed - These are social situations, like service in a shop, where individuals are treated as their role rather than as individuals. This occurs in societies where there are large numbers of people, and time is limited to treat everyone as an individual;

ii) Self-defence - In situations of emotional demands, like nursing, it is easier to see individuals as, for example, the "pneumonia in bed 15" than as individuals. Treating individuals as individuals would lead to emotional burn-out very quickly;

iii) Means to an end - This is the type of dehumanisation that produces extreme behaviour as in genocide.

The last type of dehumanisation is most relevant to this article, but the other two exist in consumer society, and with the bureaucracy of health and social care.

In the last type of dehumanisation the emphasis is upon "them" as different, or more particularly inferior, to ourselves. Because of this, they do not deserve to be

seen as human, and mistreatment is so much easier if they are not human.

Staub (1989), in explaining genocide, highlighted the decline of inhibitions against harming "them". To see "them" as less than human is a key disinhibitor.

During the history of colonisation by European countries in the 17th, 18th and 19th centuries, including the slave trade, the behaviour of the colonisers was justified because the "natives" were "uncivilized savages".

Neu and Therrien (2003), writing about the Indigenous Canadians, noted that they were seen as "demons and beasts - not real people at all" (p11).

Increased aggression against dehumanised groups has been shown in a lab experiment (Bandura 1986). Participants had the opportunity to give electric shocks to male students during a decision-making task. Beforehand, the participants overheard the experimenter talk about the student-victim as intelligent ("the humanising condition"), or as rotten ("the dehumanising condition"). The average number of electric shocks given in the "humanising condition" were 2.5 compared to 6.0 in the "dehumanising condition" ⁽¹⁾.

LEGITIMISATION

This is the process by which the perpetrators of the extreme violence feel justified in their behaviour. These are arguments and ideas which make the aggression towards the others acceptable, if not a requirement.

A very strong legitimisation is that the perpetrators perceive themselves as the victims of the situation. This is seen in the example of racism against ethnic minorities ⁽²⁾. The majority racists perceive themselves as victims, and as threatened by the minority.

Perceived victimhood is a very powerful justification for violent behaviour, irrelevant of the reality of the situation in terms of who is the real victim. Victimhood often goes with perceived injustice. To be the victim of perceived injustice allows individuals freedom to behave in extreme ways because the "enemy" deserve what they get. They have unfairly gained. Perceived injustice and victimhood allow any level of cruelty or negative behaviour whatever the situation.

Perceived injustice by the "enemy", and the belief that they must suffer in return is a strong motivation for terrorism. Silke (2003) argued that anger and a sense of outrage are key, and many Palestinian suicide bombers have had relatives or friends killed or injured by

Israeli armed forces. Thus the role of revenge combined with feelings of powerlessness, particularly in the faces of overwhelming odds.

TWO CASE STUDIES

1. The Baha'is in Iran

For nearly 150 years, the Iranian Baha'i community has suffered attempts at "ideological genocide" (Smith 1998) - acts aimed at destroying a particular minority group.

Baha'ism is a religion, arising from Shi'i Islam, founded in Iran in the nineteenth century. It has five million members worldwide currently, and 300 000 in Iran (Affolter 2005).

Just concentrating upon Iran since the Islamic revolution in 1979, Baha'is have experienced assassination and torture, economic persecution (eg: refused medical treatment), social isolation (eg: refusal of decent sites to bury their dead), and destruction of holy sites (Affolter 2005).

Legitimisation and dehumanisation go hand in hand as the "enemy" are presented in such a way to justify their persecution. For example, Ayatollah Khomeini, after the Islamic revolution, described Baha'is as traitors, Zionists, economic plunderers and enemies of Islam (Abrahamian 1993).

All these terms legitimise any attacks against the group in a "taken-for-granted" way: ie: traitors must be dealt with because they are just that, traitors. Also such individuals are less than human. To be a traitor is to commit acts that make a person "unhuman". There is an internal logic that allows mistreatment, and, in fact, demands actions against such people.

Furthermore, if these legitimisations are not enough, Baha'is are accused of being criminals.

The exact history of "ideological genocide" of Baha'is in Iran has a number of specific and general factors beyond those of dehumanisation and legitimisation, but those two factors are central to the whole process. This is seen even more explicitly in the next case.

2. Rwanda 1994

Between 6th April and 4th July 1994, around 500 000 - 1 million Rwandans (ethnic Tutsi and moderate Hutus) were killed by ethnic Hutus (La Guardia 2004). There are specific historical factors which explain this event, but dehumanisation and legitimisation are central once more.

The dehumanisation of the Tutsi as "cockroaches" came through a radio station (RTLM) which opened in August 1993. The radio station presented clear propaganda to dehumanise the Tutsi: for example - (Tutsi name) is a teacher. She "is the cause of the bad atmosphere in the class she teaches. She urges her students to hate the Hutus. These children spend the entire day at that, and it corrupts their minds.. She is a security threat for the Commune" (quoted in Rusesabagina 2006 pp67-68).

The violent response is legitimised because Tutsis are a threat to Hutus. Nothing is a stronger legitimisation than a perceived threat.

THE "WAR ON TERROR" AND THE HUMAN BEING THEORY

The language used in the so-called "War on Terror" by the West and the terrorists dehumanises the other side, and thereby makes violence against them legitimate.

Worsthorne (2006) made an interesting point in a letter to the "Guardian" newspaper about the suicide bombers in London in 2005 and their pre-attack videos:

For the expression on their faces was not in the least diabolical, but rather innocent and happy, confident they were about God's business.. not so much monsters bent on evil, as religious fanatics bent on good..

The writer is not justifying the attacks, but is suggesting that beyond the emotional response against such acts is the need to see human beings. This is what I am trying to do with the human being theory. However extreme the behaviour of individuals in terrorism, they are human beings doing it. It is more helpful in terms of understanding the psychology, which is what I want to do, is to ask how an ordinary human being came to the point of blowing themselves up on an underground train.

To simply say they are evil does not help to understand why, in the same way as calling the US the "Great Satan" does not help in understanding the human beings behind the US government policy. Individuals are "rational" social actors and their behaviour makes sense to them (ie: an internal logic for their behaviour).

Such thoughtful behaviour is not easy when individuals have directly suffered at the hands of either side, I accept. But the approach of this theory gives more hope than attempts to "win" by killing the other side (whatever that means in practice).

As another letter to the "Guardian" newspaper from a London rabbi said:

On Saturday morning, my synagogue welcomed a group of Muslims from all over London to our Sabbath morning service. It was a response to the hospitality extended to me by a Muslim community on the occasion of the birthday of Muhammed.. we recognised that Muslims and Jews share more than divides them (Wright 2006).

Looking for peaceful reconciliation and non-violent solutions can be difficult, particularly as there are many vested interests which do not want such a solution (3). Such solutions accept right and wrong on both sides rather than the assumption of us being all right and them as all wrong within a military solution.

For example, Guyatt (2003) argued that George Bush's speech on the 20th September 2001 on "why do they hate us?", "shifted the emphasis away from American soul-searching and towards the fanaticism and irrationality of the assailants.." (p239).

There may be circumstances where a military solution is the last resort, but that needs to be after peace and reconciliation have been given the best chance.

I have to ask why it is that pacificism and non-violent conflict resolution are so unpopular today (4).

The label "terrorist" has become a perfect justification for dealing with the "enemy". Gareau (2004) noted how states have "jumped on the bandwagon, and sought to tar their enemies with the terrorist brush" after September 2001.

With such thinking, terrorists are not human beings, so they can be further labelled as "illegal combatants" when captured by the US government, thereby removing any rights as prisoners or prisoners of war at Guantanamo Bay, Cuba. Whether the individuals there are tortured or not (depending how the term is defined), as no longer human beings they can be treated in any way.

The existence of a distinction between humans and non-humans, or a hierarchy of humans (some "better" than others), this allows any behaviour to be performed with justification.

Add the legitimisation of "national security" or "freedom" or "democracy", and any extreme behaviour is now entirely acceptable. Atrocities are normal because those who suffer in non-Western countries are not human beings who suffer like we do. It is not surprising, then, what the US or its agents, for example, will do in the "War on Terror". The feelings are equally strong (and becoming stronger) on the other side, and they feel

entirely justified to do whatever they will do. Treating the other side as less than human encourages a move to more extreme behaviour.

CONCLUSIONS

The human being theory emphasises that the "enemy"/other/victim are human beings whatever behaviours they have done. There is more to be gained by seeing them as so.

Pyszczynski et al (2003) writing about the events of September 2001 in the USA pointed out that:

(A)t the heart of things, all human beings are fundamentally the same, with the same biological and psychological needs. We are all members of the same species; our behaviour and motivation can, therefore, be best understood through the use of the same general biological and psychological principles (pxi).

Bond (2005) said a similar thing about the suicide bombers in London in July 2005:

The immediate reaction to suicide bombers is to label them as animals or inherently evil. But this will not do. Blowing themselves up in a crowd is often the first evil thing these people have done.

And they are not animals. The most difficult thing of all is to recognise that suicide bombers are, alas, all too human.

FOOTNOTES

1. A bureaucratic way to dehumanise a whole group of people is to classify them as "unpeople" as with the forcible removal of 1800 Ilois people from their home on the Indian Ocean island of Diego Garcia between 1965 and 1973 by the British Government (Curtis 1995):

One might further imagine the international furore that would have been created if it had been the Soviet Union that in Diego Garcia had removed an entire population from its own land (p119).

2. Right-wing political parties, like the British National Party (BNP) in Britain, benefit from the "white victim" vote. This is the perception by certain ethnic majority individuals that they are losing out to ethnic

minorities in ways that should not happen. They perceive policies for equal opportunity as discrimination against them (the majority population).

Furthermore, they are not allowed to tell the "truth" without being accused of racism. Robert Beckford (2006) argued that such groups should be allowed to speak, even if the views are unacceptable, because silencing them gives them "power" (in terms of perceived injustice etc).

3. I would argue that "consumer capitalism" supports militarism both directly as in the production of weapons, and indirectly with access to resources. With the need to have continuous economic growth, which is core to "consumer capitalism", if parts of the world do not support the system than they have to be forced into supporting it.

4. Guyatt (2003) quoted a poster in New York which said: "We GAVE peace a chance, we got 9/11" (sic):

This idea that the attacks on New York and Washington came from nowhere, and that they forced a reluctant America to enter a world from which it had previously tried to seclude itself was extremely popular in the US after September 11th. Although this hardly describes the reality of America's massive and profound influence over the rest of the world..(pix).

REFERENCES

Abrahamian, E (1993) Tortured Confessions. Prisons and Public Recantations in Modern Iran, Berkeley, CA: University of California Press

Affolter, F.W (2005) The spectre of ideological genocide: The Baha'is of Iran, War Crimes, Genocide and Crimes Against Humanity, January, 75-114

Bandura, A (1986) Social Foundations of Thought and Action: Social Cognition Theory, Englewood Cliffs, NJ: Prentice Hall

Beckford, R (2006) speaking on Ghetto Britain, More 4 Television

Bond, M (2005) The ordinary bombers, New Scientist, 23/7, p18

Brewer, K (2003) A synthesis model to explain aggression, Orsett Psychological Review, 10, June, 10-18

Curtis, M (1995) The Ambiguities of Power, London: Zed Books

Gareau, F.H (2004) State Terrorism and the United States, London: Zed Books

Guyatt, N (2003) Another American Century? London: Zed Books

La Guardia, A (2004) Was world's failure to act racism? asks Kagame, Daily Telegraph, 6/4, p14

Neu, D & Therrien, R (2003) Accounting for Genocide, London: Zed Books

Pyszczynski, T; Solomon, S & Greenberg, J (2003) In the Wake of 9/11: The Psychology of Terror, Washington DC: American Psychological Association

Rusesabagina, P (2006) An Ordinary Man, London: Bloomsbury

Silke, A (2003) Ultimate outrage, Times, 5/5, pT2.7

Smith, R.W (1998) State power and genocidal intent: On the uses of genocide in the twentieth century. In Chorbaijan, L & Shirinian, G (eds) State Power. Studies of Comparative Genocide, New York: St.Martin's Press

Staub, E (1989) The Roots of Evil. The Origins of Genocide and Other Group Violence, New York: Cambridge University Press

Worsthorne, P (2006) Letter, Guardian, 25/7, p31

Wright, A (2006) Letter, Guardian, 25/7, p31

Zimbardo, P.G (1992) Psychology and Life (13th ed), New York: HarperCollins

Kevin Brewer

Article written December 2006

In What Ways are Music and Identity Connected?

INTRODUCTION

This article begins with a brief look at our varied social identities. Thereafter, I take an individual stance using ideas put forward by Sloboda and Juslin (2001) on music and emotion as a functional framework for viewing music and identity. I bring these ideas together at the end in taking a social constructionist view of unique identity in a combination of sub-identities - a view put forward by researchers such as Bruner (1990) and Gergen (1991).

In an article of this nature, one can only treat such issues in passing - the disciplines of social psychology, of music and identity, of music and emotion are large and all I can hope to do is introduce the reader to some of the areas covered by these subjects.

OUR IDENTITIES IN TERMS OF SOCIAL CATEGORIES

In modern society we have multiple identities, some assigned to roles we have in work and recreation, others are innate. We understand that our ethnic background, appearance, parents, and to an extent our social class ⁽¹⁾ cannot be chosen. Other identities are chosen (to varying degrees depending on society and era) such as our religion, hobbies, profession, even the choice of friends and peers - people we choose to associate with.

These "identities" are categories that help people to understand us, and music may be associated with each of these categories.

In addition, we may all feel on occasion that our "real" identity is sometimes unrecognised or misunderstood by others. I agree with the views of other writers that our identity in a postmodern age is a unique blend of multiple sub-identities; or "the sum and swarm of participations in social life" (Bruner 1990). These identities (eg sailing as a hobby, interest in foreign languages, for example) may be unknown to - say - work colleagues, resulting in an oversimplified impression of who we are. For this reason, it seems right to include in this article the social constructionist view of uniqueness through blending many identities.

MUSIC AND EMOTION

The study of music and emotion is complex, and, according to Sloboda and Juslin (2001), "no single theory is likely to be able to account for all emotional

responses to music". However, I find the general framework presented by these authors as a good starting point for trying to understand how music works on our emotions.

Sloboda and Juslin (2001) proposed that there are two primary sources of emotion in music - intrinsic and extrinsic:

i) Intrinsic sources of emotion in music arise from "non-arbitrarily embedded structural characteristics" (Sloboda and Juslin 2001) in the music. For example, syncopations, enharmonic changes, changes in tempo, texture, key changes etc have physiological and psychological affects on people - affects that can be monitored and observed in scientific tests;

ii) Extrinsic sources of emotion in music are of two kinds:

a) Iconic sources - These come about through formal resemblance between a structure and "some event of agent carrying emotional tone" (Sloboda and Juslin 2001). For example, loud, fast music may be thought of as exciting music to drive to: something about the form of the music bears a relationship to an activity or state of mind;

b) Associative sources - These are "arbitrary and contingent relationships between the music being experienced and a range of non-musical factors which also carry emotional messages of their own" (Sloboda and Juslin 2001): eg the association of a song with an activity, a place, a time - "they're playing our tune".

MUSIC AND IDENTITY IN TERMS OF MUSIC, EMOTION AND THE POSTMODERN SELF

In the rest of this article I use the framework of music and emotion (Sloboda and Juslin 2001) and the notion of our unique "postmodern" identity (Brewer 2001) as a means of viewing music and identity. Thus I choose to list three identity categories that generally relate to each of the three music and emotion categories ⁽²⁾ - and I introduce a fourth - "uniqueness" as a combination of multiple identities which has parallels with Sloboda and Juslin's view that music operates on the emotions by an interaction of the previous three categories. Thus:

i) Our emotional and religious identities - The way that music functions on the emotions here may be largely viewed as involving "intrinsic" processes;

ii) Peers, teams and group identities - The way music functions on the emotions here may be largely viewed as "extrinsic-iconic";

iii) National, age/time and place identities - The music operates on the emotions here in a largely "extrinsic-associative" manner;

iv) Uniqueness as a combination of multiple identities - Bringing together the three identity groups listed above, as unique individuals we have to "make sense of it all" by combining elements of all of our identities. And Sloboda and Juslin (2001) suggest that music operates on our emotions by a combination of intrinsic, extrinsic-iconic and extrinsic-associative processes.

1. Emotional and religious identities: emotional responses to music based on intrinsic factors.

Use of musical hooks, phrases, tempo and key and words are used by composers and songwriters to evoke feelings. In addition, the choice of words of a song can all supplement emotional and religious experiences. It is also true that emotional and religious experiences can result from associations of music to an event, place and/or person, so that extrinsic factors may not be the only mechanism by which music operates on the emotions here.

a) Love and emotion

Frith (1987) commented that some of the most profound sentiments that we can convey to one another in words can often sound cliched, trite and banal. Music has a role in helping convey an emotion such as love - eg: by creating the appropriate "mood" when a song is played. We can even choose to write our own songs as a way of expressing what we feel in personal and individual ways.

Music and song lyrics can be powerful - one might even claim that music can "manufacture" an emotion or a feeling that a person wants to identify with: eg: "Did I listen to the music because I was miserable? Or was I miserable because I listened to the music?" ("High Fidelity"; Nick Hornby). People who are "happy" or "introspective", for example, may choose to listen to a kind of music that reinforces that state. They might ultimately become associated with that kind of music - or even the culture to which that music belongs: eg: consider the effect of reggae music on West Indian culture - then outward to mainstream - hence "white Rastafarians".

b) Religion

A large body of music has been written and is performed to serve a religious function: eg worship, lamentation, grief, thanksgiving (Grout and Palisca 1988). Much Western classical music was written for or sponsored by the church (Grout and Palisca 1988).

In the Western Christian church, the use of the worship band as a modern vehicle for church worship (pandering to youth influence?), though this music may be of poorer quality (penned at home by semi-professional guitarists) compared to classical or traditional church music (often written by musical geniuses!). This may be in part due to the fact that untrained musicians have not got the breadth of musical tools at their disposal to create the effects that they seek to impart in the listener.

In other faiths, there is still the prevalence of traditional folk music and instrumentation: eg Buddhist chants using vocal and percussion (Kaufmann 1975). Unfamiliarity with the musical genres of these religions can produce, for the first-time listener, a feeling of isolation from the message of the religion itself. Culture must be involved in the way in which sounds are linked to emotional and religious responses.

For example, Western writers of modern worship music know that the familiar open sound of a Major 7th chord conveys a sense of "majesty"; the use of major keys rather than minor ones reinforces positive, upbeat feelings. But in Tibetan chant, instruments are used to provide melodic lines (eg: flute) with little reference to familiar harmony (Kaufmann 1975), making the character of the music less familiar to Western listeners.

2. Peers, teams and group identities: emotional responses to music based on intrinsic-iconic factors.

Team sports songwriters and military bands use music to produce group and team cohesion. Here, for a tune or a song to be successful, there must be something in common about the quality of the music and the nature of the team or group. Thus music for a football team is likely to be rousing, chant-like. For a military march, it is orderly, strict tempo, strong emphasis on quarter note pulse.

In addition to teams and social groups to which we belong, our peer groups can provide a strong sense of identity. In the UK in the 1960s, the Mods (exemplifying middle class, educated, aspirational teens) and Rockers (more working class, less educated teens with perhaps

fewer life choice "options") illustrated this (Hebdige 1979).

As a Mod, you might choose to listen to one kind of music at the exclusion of others even if, in fact, the music of the other subculture is appealing. And intrinsic-iconic factors abound in the music that defines these groups: ie the modern soul, rhythm and blues of the Mods and their Lambrettas versus the rock'n roll of the Rockers and their motorbikes.

3. National, age/time and place identities: music and association.

Association of music with places, people and events can give music power to convey a sense of ethnicity and nationality, as well as a sense of era. Folk music and national music such as anthems or music for State occasions can be linked to a time (eg: Vera Lynn "We'll Meet Again" in 1940s Britain), place (eg: Vaughan Williams "Greensleeves" depicting the rolling English countryside), and occasion (eg: Edward Elgar "Land of Hope and Glory" played at UK national celebrations).

In some cultures, folk music (eg: Ghanian dance music) can describe historical events and portray periods in the history of the culture, thus serving as the purveyor of local culture (Chernoff 1979).

Music that reminds you of a particular era, a place in the past, and things that you once did can also be achieved by association - eg: songs played on the radio when you were a teenager, songs you heard in the dance hall or disco. Learnt associations: eg: "I like jazz because my father listened to it when I was a child" are also evident.

4. Uniqueness in combinations of many identities: interactions between intrinsic and extrinsic factors.

So which of our many identities defines who we are? In a modern society, we could be, for example, a parent in the morning sending children off to school. Then we could be a manager at work. Then, at evening class we could be a student learning a new skill such as modern language.

Similarly, in our musical tastes, we adopt preferences associated with friends and peers, in addition to those of our culture and even the tastes of our parents etc. Someone who might like "Indie rock" music might also like Beethoven's Symphonies and Gregorian chant. This blend of tastes and influences, slightly different for everyone, provides each with a unique identity.

Further still, if we choose to become musicians or artists ourselves, we inevitably grow to respect, emulate and learn from other artists that inspire us. For example, this respect for and influence of fellow artists - eg: white artists' respect of black artists - have been the subject of films such as Fred Astaire's homage to Mr.Bojangles in "Swing Time".

If we ultimately master a musical idiom, we might then think of ourselves as "picking up and running with the baton" passed on by those that have gone before. The creative musician may strive to do his/her own "individual" thing, but this will invariably build on influences from other people's work. Even creative individual artists that break new ground are unique in their combination of influences and experiences that have led them to that point.

CONCLUSIONS

In this article I have discussed the idea that in modern society, we have many different identities, some of these linked to our roles and status. Individuality is partly determined by the interaction of these various identities. Similarly, I've used notions from Sloboda and Juslin (2001) as a way of looking at music and identity. In closing, I agree with others mentioned that music, emotion, and our identity is a combination of many factors, and I have attempted to pull these related strands together to present a brief holistic view of how our identities, musical preferences - even our approach to writing and performing music - may be linked.

FOOTNOTES

1. Though in modern times at least in the UK, financial status may have more bearing as a gauge of "success" than class; and one could choose a career to improve financial status.

2. I accept that linking groups of identities to one of three music categories can lead to oversimplifications. For example, emotional and religious reactions to music will not necessarily only involve intrinsic processes. Associative processes (eg: hearing Bach's fugues in a cathedral and associating this music with such a place) will also occur. The claim I make here is that the "intrinsic" process is a major factor at play.

REFERENCES

Brewer, K (2001) What is the post-modern self? A brief answer, Orsett Psychological Review, 4, December, 2-7

Bruner, J (1990) Acts of Meaning, Cambridge, MA: Harvard University Press

Chernoff, J.M (1974) African Rhythm and African Sensitivity: Aesthetics and Social Action in African Musical Idioms, Chicago: University of Chicago Press

Frith, S (1987) Towards an aesthetic of popular music. In Leppert, R & McClary, S (eds) Music and Society

Gergen, K (1991) The Saturated Self, New York: Basic Books

Grout, D.A & Palisca, C.V (1988) A History of Western Music (4th ed), London: J.M.Dent

Hebdige, D (1979) Subculture: The Meaning of Style

Kaufmann, W (1975) Tibetan Buddhist Chant, London: Indiana University Press

Sloboda, J.A & Juslin, P.M (2001) Psychological perspectives on music and emotion. In Juslin, P.M & Sloboda, J.A (eds) Music and Emotion: Theory and Research, Oxford: Oxford University Press

Daniel Allsopp

Article written April 2006